

Prevalence Difference of Cigarette Smoking in Different Iranian Citizens Based on Reliable Reported Studies

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Dear Editor

We read in detail the interesting article by Ziaee et al focused on " the Prevalence of Cigarette Smoking and Related Factors in Birjand, Iran During Year 2014" which has been published in your Modern Care journal (1). According to importance of subject and special cultural conditions in east of our country the aim of this letter is to report about prevalence of cigarette smoking in different studies carried out in Birjand city in comparison with other provinces of Iran.

Smoking is a dangerous behavior that causes multiple problems in general health population and impose a heavy treatment budgeting to health service. In addition, smoking is an important risk factor for cardiac, pulmonary and cerebral diseases. Cigarette smoking is the most important reason of mortality in 35-69 years old population in developing countries. Based on the World health organization (WHO) report 25% of adults in all of the world smoke cigarettes and tobaccos (2). Prevalence of cigarette smoking decreased from 38% to 24% in developed countries while this rate has increased to 76% in developing countries in 2009 (2). WHO reports show that smoking prevalence growth annually about 8% in eastern neighbors of Iran such as Afghanistan (3).

Also, prevalence of cigarette smoking was 12% in Iran and 30%, 23%, 25%, 20% in Jordan, Pakistan, Qatar and Saudi Arabia, respectively in 2008 (4). Furthermore, a meta-analysis carried out in Iran, 2012, has reported the prevalence of cigarette smoking 19.8-21.7% in men and 0.94-3.6% in women and 13.9% in both genders. (4). In another meta-analysis study Moosazade et al. (2013) showed that rate of smoking increased based on aging from 12.3 to 38.4% and 0.6 to 9.8% in men and women, respectively (5) while in Ziaee et al. study prevalence of smoking was 7% (12.7% in men, 2% in women) (1). Moreover, Moosazade et al. study showed that prevalence of smoking rate in male to female was 6.02% that is similar to Ziaee et al. study.

The prevalence of smoking in different provinces of Iran is completely different (e.g. Mazandaran (Babol) 32.4% and Hamadan 17.2%) which are higher than southern Khorasan province (5).

Prevalence of smoking in neighbor provinces of Birjand such as Kerman, Sistan and Balochestan, Khorasan-Razavi and Yazd are 7.3%, 20.8%, 12.7% and 8.6%, respectively (5) which are higher than the study of Ziaee et al. in Birjand. Another meta-analysis study showed that by aging up to 25 years-old prevalence of smoking increases steeply, then decreases after age of 45 years-old which is similar to Ziaee et al. study (6, 7). Mortazavi et al. study showed that prevalence of smoking among the students of Birjand universities was 31.5% in 2009 (8). Mehrpour et al. study showed that education level has a protective effect on smoking (8). Furthermore, this study showed that there is a significant relation between smoking with injective and non-injective drug abuse which is similar to ziaee et al. study (9). In conclusion, smoking prevalence which is reported in Ziaee et al. study is less than other reports probably due to the differences in method of study or in criteria of smoking, stigma of smoking due to negative vision in small societies or high education level in Birjand city.

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